

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/517841</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED								
		6 AMOUNT									
		<input checked="" type="checkbox"/> Filing	\$ <u>100</u>								
		<input type="checkbox"/> Amendment	\$								
		<input type="checkbox"/> Extension of Time	\$								
		<input type="checkbox"/> Notice of Appeal/Appeal	\$								
		<input type="checkbox"/> Petition	\$								
		<input type="checkbox"/> Issue	\$								
		<input type="checkbox"/> Cert of Correction/Terminal Discontinuation	\$								
		<input type="checkbox"/> Maintenance	\$								
<input type="checkbox"/> Assignment	\$										
<input type="checkbox"/> Other	\$										
		7 TOTAL AMOUNT OF REFUND									
		\$ <u>100</u>									
		8 TO BE REFUNDED BY: <u>CC</u>									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:									
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
<input type="checkbox"/> No Fee Due (Explanation):											
REFUND COMPLETED PCT NATIONAL DIVISION											
11 REFUND REQUESTED BY: _____											
TYPED/PRINTED NAME: <u>JAMALA Holland</u>		TITLE: <u>Principal</u>									
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>									
OFFICE: <u>PCT</u>		<u>X209</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: _____		DATE: _____									

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